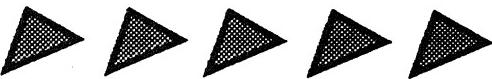


Action Letter #4  
August 1989



# 1990-91 ACTION LETTER



Student Aid Delivery System

GEN-89-45

Dear Colleague:

This is the fourth 1990-91 Title IV student aid delivery system Action Letter. This letter discusses the Application for Federal Student Aid (AFSA) and provides preliminary information on delivery system training that will be offered early in the processing cycle, including an invitation for financial aid personnel to serve as instructors.

## MILESTONES

In August, a final version of the 1990-91 AFSA was approved. The form is being prepared for printing. As in previous years, the AFSA will be available to schools and students in early January. A sample of this year's AFSA is appended to this letter.

Although key elements of the 1990-91 AFSA are similar to those in the 1989-90 form, certain changes have been made in response to comments submitted by the financial aid community on the draft 1990-91 AFSA. These changes are:

- Reformatting and reorganization of data categories (now called "Sections" instead of "Steps") for improved readability and flow of questions;
- Space for the student to list a second school to which ED will send application data;

- Inclusion of the Simplified Needs Test worksheets in the form itself; and
- Expansion, as required by law, of Section B for student dependency status to include an additional year for the question on the student having \$4000 in resources.

## MDE MEETINGS AND 1990-91 DELIVERY SYSTEM TRAINING

In August, meetings were held with the Multiple Data Entry contractors. Technical aspects of MDE requirements were discussed and planning for training on the 1990-91 delivery system was begun.

Under a subcontract with CSS, the National Association of Student Financial Aid Administrators (NASFAA) will work with OSFA to develop a two-day training session on the 1990-91 delivery system. This training will be conducted at 60 sites throughout the country, soon after the processing cycle begins. The schedule of training dates and locations will be announced in early December.

These workshops will be conducted by a team of one OSFA trainer and one financial aid administrator. We are looking for practicing financial aid officers to serve as instructors. They must have at least two years of experience in financial aid administration and some background in teaching adults. Instructors must be available for a minimum of 12 days throughout the period January through April 1990. They will receive a stipend, per diem, and travel expenses for attending the Training of Trainers and conducting workshops.

Interested financial aid administrators should send a detailed resume describing experience with specific Title IV programs; adult training experience; relevant information about the schools at which they have worked, such as level of automation and size and characteristics of the aid population; and three professional references. Resumes must be submitted by September 29 to:

NASFAA  
Attention: Training Project  
1920 L Street, N.W.  
Suite 200  
Washington, DC 20036

## PIC AWARD

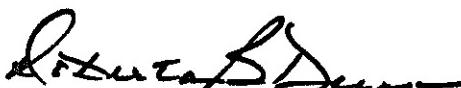
In accord with OSFA's 1990-91 contracting schedule, the Public Inquiry Contract (PIC) for handling all phone and mail inquiries about Federal student aid was awarded to Biospherics, Inc. This Beltsville, Maryland corporation is the incumbent contractor.

Students using the AFSA or any of the MDE forms will address all questions regarding the status of their applications to the PIC. Application status checks and requests for duplicate SARs will be toll calls. The commercial number to be used for these calls will be publicized in January. For general inquiries, students and schools will use the same toll-free number that has been in effect in prior years: 1-800-333-INFO.

## LOOKING AHEAD

As additional documents and procedures to be used in the 1990-91 delivery system are finalized, future Action Letters will focus on descriptions of the system and instructions concerning the system's processes.

Sincerely,



Roberta B. Dunn  
Deputy Assistant Secretary  
for Student Financial Assistance



William J. Morris  
Director  
Assistance

Attachment



# Application for Federal Student Aid

## 1990-91 School Year

FORM APPROVED  
OMB NO. 1840-0110  
APP. EXP. 6/30/91  
U.S. Department of Education  
Student Financial  
Assistance Programs



**WARNING:** If you purposely give false or misleading information on this form, you may be fined \$10,000, sent to prison, or both.

"You" and "your" on this form always mean the student who wants aid.

### Section A: Yourself

1. Your name

Last	First	M.I.
Number and Street (Include Apt. No.)		
City		
State		
ZIP Code		

2. Your permanent mailing address  
(Mail will be sent to this address.  
See page 2 for State/Country  
abbreviation.)

3. Your title (*optional*)

- Mr.  
 Miss, Ms., or Mrs.

4. Your State of legal residence

State

5. Your social security number

--	--	--	--	--	--	--

6. Your date of birth

Month	Day	Year
-------	-----	------

7. Are you a U.S. citizen?  
 Yes, I am a U.S. citizen.  
 No, but I am an eligible noncitizen.  
*(See the instructions on page 2.)*  
 No, neither of the above.  
*(See the instructions on page 3.)*

8. As of today, are you married?  
*(Check only one box.)*  
 I am not married. (I am single,  
 divorced, or widowed.)  
 I am married.  
 I am separated from my spouse.

9. What year will you be in college in 1990-91?  
*(Check only one box.)*  
 1st (*never previously attended college*)  
 1st (*previously attended college*)  
 2nd       3rd       4th  
 5th or more undergraduate  
 first year graduate/professional  
*(beyond a bachelor's degree)*  
 Continuing graduate or professional
10. Will you have your first Bachelor's degree  
 before July 1, 1990?  
 Yes       No

If you answered "Yes" to any part of question 11, go to Section C  
 and fill out the GRAY and the WHITE areas on the rest of the form.

### Section B: Student Status

## Section C: Household Information

### PARENTS

16. What is your parents' current marital status?

- unmarried (single, divorced, or widowed)
- married
- separated

17. What is your parents' State of legal residence?

\_\_\_\_\_

State

18. Number of family members in 1990-91 \_\_\_\_\_

(Write in the total number of people that your parents will support in 1990-91. Always include yourself and your parents. Include your parents' other children and other people only if they meet the definition in the instructions on page 4.)

19. Number of college students in 1990-91 \_\_\_\_\_

(Of the number in 18, write in the number of family members who will be in college at least half-time. Include yourself.)

### STUDENT (& SPOUSE)

20. Number of family members in 1990-91 \_\_\_\_\_

(Write in the total number of people that you will support in 1990-91. Always include yourself and your spouse. Include your children and other people only if they meet the definition in the instructions on page 4.)

21. Number of college students in 1990-91 \_\_\_\_\_

(Of the number in 20, write in the number of family members who will be in college at least half-time. Include yourself.)

## Section D: 1989 Income, earnings, and benefits

(You must see the instructions for income and taxes that you should exclude from questions 24 through 28.)

22. The following 1989 U.S. income tax figures are from....



### PARENTS

(Check only one box.)

- a completed 1989 IRS Form 1040EZ or 1040A (Go to 23.)
- a completed 1989 IRS Form 1040 (Go to 23.)
- an estimated 1989 IRS Form 1040EZ or 1040A (Go to 23.)
- an estimated 1989 IRS Form 1040 (Go to 23.)
- a tax return will not be filed. (Skip to 26.)

Everyone must fill out the Student (& Spouse) column below.

### STUDENT (& SPOUSE)

(Check only one box.)

- a completed 1989 IRS Form 1040EZ or 1040A (Go to 23.)
- a completed 1989 IRS Form 1040 (Go to 23.)
- an estimated 1989 IRS Form 1040EZ or 1040A (Go to 23.)
- an estimated 1989 IRS Form 1040 (Go to 23.)
- a tax return will not be filed. (Skip to 26.)

IRS ONLY

23. 1989 total number of exemptions (Form 1040-line 6e, or 1040A-line 6e; 1040EZ filers, see instructions on pages 5 and 6.)

24. 1989 income from IRS Form 1040-line 31, 1040A-line 13, or 1040EZ-line 3, or see instructions on pages 5 and 6.

\$ \_\_\_\_\_ .00

40-e 7)

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

27. 1989 income earned from work

Mother

28. 1989 untaxed income and benefits (yearly totals only)

- a. Social security benefits
- b. Aid to Families with Dependent Children (AFDC or ADC)
- c. Child support received for all children
- d. Other untaxed income and benefits from worksheet #2 on page 11.

TAX FILERS ONLY 23. \_\_\_\_\_

24. \$ \_\_\_\_\_ .00

25. \$ \_\_\_\_\_ .00

Student 26. \$ \_\_\_\_\_ .00

Spouse 27. \$ \_\_\_\_\_ .00

28.

a. \$ \_\_\_\_\_ .00

b. \$ \_\_\_\_\_ .00

c. \$ \_\_\_\_\_ .00

d. \$ \_\_\_\_\_ .00

## Section E: College Release and Certification

29. What college(s) do you plan to go to in 1990-91?

College Name	Street Address	City	State
a.			
b.			

30. Do you give the U.S. Dept. of Education permission to send information from this form to:

- |  |  |
|--|--|
| a. The financial aid agency in your State? | b. The college(s) you named in 29 (or its representative)? |
| <input type="checkbox"/> Yes               | <input type="checkbox"/> Yes                               |
| <input type="checkbox"/> No                | <input type="checkbox"/> No                                |

31.  Check this box if you give Selective Service permission to register you. (See instructions on page 6.)

Dept. of Ed Use Only (Do not write in this box.)	
---	--

### 32. Read and sign

**Certification:** All of the information on this form and the Supplemental Information page, if completed, is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form and the Supplemental Information page, if completed. I realize that this proof may include a copy of my U.S., State, or local income tax return. I also realize that if I do not give proof when asked, the student may be denied aid.

Student

Student's spouse			
Father			
Mother			
Data completed	Month	Day	Year
	1	1	<input type="checkbox"/> 1990
	2	2	<input type="checkbox"/> 1991

## ATTENTION

If you are filling out the blue and white areas, you will need to refer to Section D to complete worksheet #3A below. The worksheet will tell you whether you must fill out the Supplemental Information (Sections F through I).

### WORKSHEET #3A FOR THE SIMPLIFIED NEEDS TEST

1. Did or will you, your spouse, or your parents file a 1989 IRS Form 1040?
- Yes (Fill out Sections F through I.)  
 No (Fill out the rest of this worksheet.)

Check "Yes" if a foreign or Puerto Rican tax return was or will be filed

PARENT'S COLUMN A STUDENT/SPOUSE COLUMN B

Income from:

2a. Question 24 \$ 00 4 00

OR

2b. Questions 26 and 27  
(use only if you left  
Question 24 blank) \$ 00 .00

3. Write in the total  
of column A and  
column B entries  
from Question 2.

\$ .00

If the total from 3 is \$15,000 or less, mail the form. You do not have to fill out the Supplemental Information (unless you, your spouse or at least one of your parents is a dislocated worker or your school or State asks you to). Mail the form to: Federal Student Aid Programs, P.O. Box

If the total from 3 is \$15,001 or more, you must fill out Sections F through I.

If you are filling out the gray and white areas, you will need to refer to Section D to complete worksheet #3B below. The worksheet will tell you whether you must fill out the Supplemental Information (Sections F through I).

### WORKSHEET #3B FOR THE SIMPLIFIED NEEDS TEST

1. Did or will you (or your spouse) file a 1989 IRS Form 1040?
- Yes (Fill out Sections F through I.)  
 No (Fill out the rest of this worksheet.)

Check "Yes" if a foreign or Puerto Rican tax return was or will be filed

STUDENT/SPOUSE

Income from:

2a. Question 24 \$ 4 00

OR

2b. Questions 26 and 27  
(use only if you left  
Question 24 blank) \$ .00

If the answer from either Question 2a or 2b is \$15,000 or less, mail the form. You do not have to fill out the Supplemental Information (unless you are, or your spouse is, a dislocated worker or your school or State asks you to). Mail the form to: Federal Student Aid Programs, P.O. Box

If the answer from either Question 2a or 2b is \$15,001 or more, you must fill out Sections F through I.

# SUPPLEMENTAL INFORMATION

## Section F: 1989 expenses

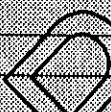
33. 1989 medical and dental expenses not paid by insurance  
 34. 1989 elementary, junior high, and high school tuition for dependent children  
 a. Amount paid (Don't include tuition paid for the applicant.)  
 b. For how many dependent children

PARENTS
\$ _____ .00
\$ _____ .00
_____

STUDENT (& SPOUSE)
\$ _____ .00
\$ _____ .00
34a. \$ _____ .00
34b. _____

## Section G: Asset Information

35. Is either of your parents a displaced homemaker? (See the instructions on page 7.)  
 36. Write in the age of your older parent.  
 37. Cash, savings, and checking accounts  
 38. Home (Renters write in "0.")  
 39. Other real estate and investments  
 40. Business and farm  
 41. Does any part of item 40 include a farm?

PARENTS	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	
What is it worth today?      What is owed on it?	
\$ _____ .00	XXXXXXXXXXXX
\$ _____ .00	\$ _____ .00
\$ _____ .00	\$ _____ .00
\$ _____ .00	\$ _____ .00
<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you are completing this page, you must fill out the student (& spouse) column below.

## STUDENT (& SPOUSE)

35. Are you, or is your spouse, a displaced homemaker?  Yes       No (See the instructions on page 8.)  
 37. What is it worth today?      What is owed on it?  
 38. \$ \_\_\_\_\_ .00      \$ \_\_\_\_\_ .00  
 39. \$ \_\_\_\_\_ .00      \$ \_\_\_\_\_ .00  
 40. \$ \_\_\_\_\_ .00      \$ \_\_\_\_\_ .00  
 41.  Yes       No

## Section H: Your veterans educational benefits per month (for the student only)

(If you are completing this page, you must answer question 42. If you are filling out the gray and the white areas, you must also answer question 43.)

Expected Amount  
July 1, 1990 through June 30, 1991

42. Your veterans "old" GI Bill and Dependents Educational Assistance Program Benefits

- a. Amount per month      \$ \_\_\_\_\_ .00 a month  
 b. Number of months      \_\_\_\_\_ months

- b. Amount per month      \$ \_\_\_\_\_ .00 a month  
 b. Number of months      \_\_\_\_\_ months

## Section I: Expected 1990 taxable and nontaxable income and benefits

(You must see the instructions for Income and taxes that you should exclude from questions 45 through 49.)

If you are completing this page, you must fill out the student (& spouse) column below.

## STUDENT (& SPOUSE)

44. Is either of your parents certified as a dislocated worker by the appropriate agency? (See the instructions on page 9.)  Yes (Fill out the rest of this column, and go to the student and spouse column, question 44.)  
 No (Go to the student and spouse column, question 44.)

- Yes (Fill out the rest of this column.)  
 No (Skip this column, and mail the form.)

45. 1990 U.S. income tax to be paid  
 46. 1990 income earned from work      Father  
 47. 1990 income earned from work      Mother  
 48. 1990 other taxable income  
 49. 1990 nontaxable income and benefits (See instructions on page 9.)

PARENTS
<input type="checkbox"/> Yes (Fill out the rest of this column, and go to the student and spouse column, question 44.)
<input type="checkbox"/> No (Go to the student and spouse column, question 44.)
\$ _____ .00
\$ _____ .00
\$ _____ .00
\$ _____ .00
\$ _____ .00

45. \$ \_\_\_\_\_ .00  
 Student 46. \$ \_\_\_\_\_ .00  
 Spouse 47. \$ \_\_\_\_\_ .00  
 48. \$ \_\_\_\_\_ .00  
 49. \$ \_\_\_\_\_ .00



You have finished the application. Recheck your application. **MAKE SURE THAT YOU HAVE COMPLETED SECTION E.**  
 Mail the application to: Federal Student Aid Programs, P.O. Box





